



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

October 5, 2009

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Fast Mart, 3293 'A' Street. Fast Mart holder of a class B/K liquor license requests this liquor license be upgraded to a class D liquor license.

Terrance Gokie, owner will remain as the manager of the license and is the approved manager for the current liquor license. Mr. Gokie has completed the required training

Stockholder information is included for your review.

This application must conform to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

45 days = 11/16/2009

RECEIVED

SEP 25 2009

NEBRASKA LIQUOR
CONTROL COMMISSION**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES**
CHECK DESIRED CLASS(S)**RETAIL LICENSE(S)**

		<u>Application Fee</u>
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input checked="" type="checkbox"/>	D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input type="checkbox"/>	Class K Catering license (requires catering application form)	\$100.00

MISCELLANEOUS

		<u>Application Fee</u>	<u>Bond Required</u>
<input type="checkbox"/>	L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/>	O Boat	\$ 95.00	none
<input type="checkbox"/>	V Manufacturer		
<input type="checkbox"/>	Alcohol & Spirits	\$1,045.00	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$145.00 1 to 100 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$245.00 100 to 150 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$395.00 150 to 200 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$545.00 200 to 300 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$695.00 300 to 400 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$745.00 400 to 500 barrel*	\$1,000 minimum
<input type="checkbox"/>	W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/>	X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/>	Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Z Micro Distillery	\$295.00	\$1,000 minimum

☐ Copy of TTB permit (if applying for L, V, W, X, Y or Z)

*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering license (K) expires same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)
☐ Partnership License (requires insert form 2)
☒ Corporate License (requires insert form 3a & 3c)
☐ Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Terry Gorkie Phone number: 477-4417

Firm Name _____

PREMISE INFORMATIONTrade Name (doing business as) Fast MartStreet Address #1 3293 A st.

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68510Premise Telephone number 402-477-4417Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission)

Name Fast Mart

Street Address

#1 3293 A st.

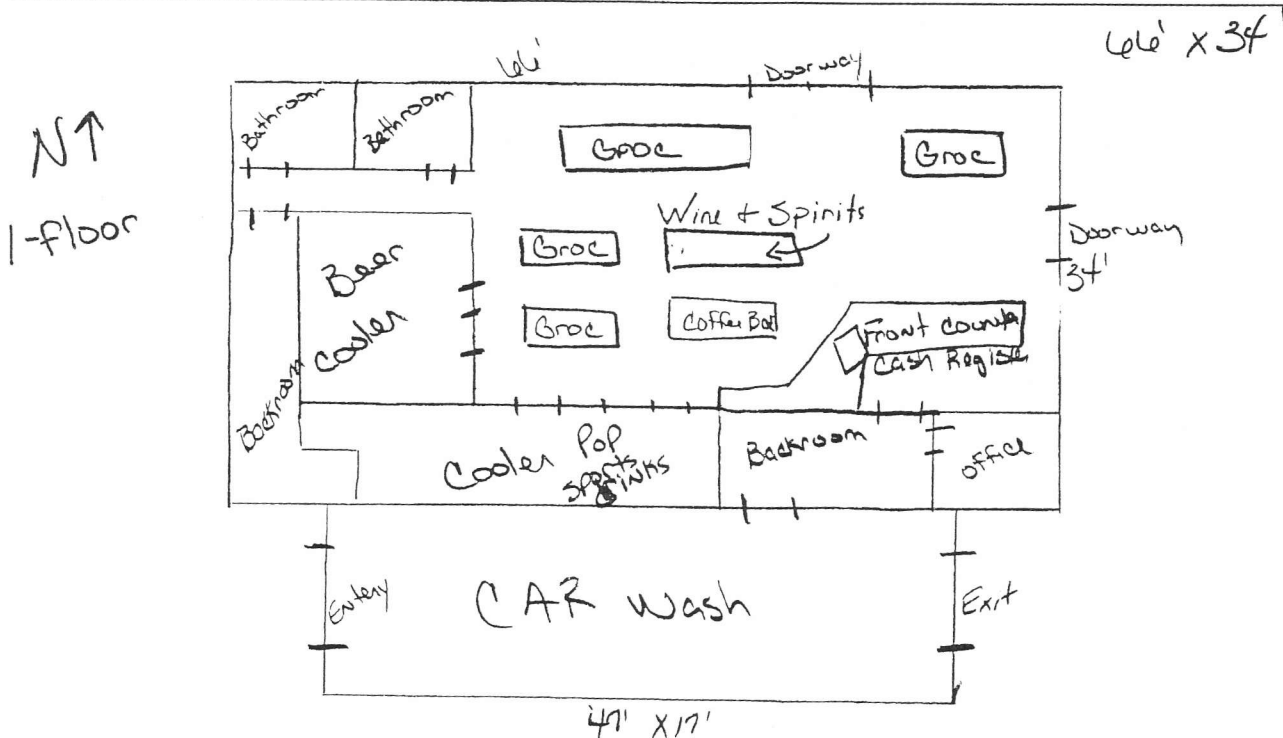
Street Address

#2 _____

City Lincoln State NE Zip Code 68510**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms



APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

SEP 25 2009

If yes, please explain below or attach a separate page.

Terry Gorkie Mip 1989

NEBRASKA LIQUOR
CONTROL COMMISSION

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☒ YES ☐ NO

If yes, explain. All involved persons must be disclosed on application.

Terry Gorkie, Jane Gorkie

Richard Gorkie, Terry Gorkie

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner.

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☒ YES ☐ NO

If yes, explain.

Terry Gorkie Jane Gorkie Richard Gorkie Terry Gorkie

No silent partners

8. Are your premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties.

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Union Bank and Trust The Gokies

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

See Attachment

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
<u>Terry Gokie</u>	<u>1997-2009</u>	<u>Lincoln 3293 A St selling Beer at C-store</u>
		<u>Training: Responsible Hospitality Council</u>
		<u>Management Training in 2007</u>

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- ☒ Lease: expiration date Jan 1, 2011
- ☐ Deed
- ☐ Purchase Agreement

14. When do you intend to open for business? Presently Open For Business

15. What will be the main nature of business? Gas- and C-store items

16. What are the anticipated hours of operation? 6: A.M - 12 midnight

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

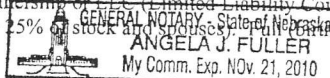
RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
<u>Terry Gokie Lincoln NE</u>	<u>1996</u>	<u>2009</u>	<u>Tami Gokie Lincoln NE</u>	<u>1997</u>	<u>2009</u>
<u>Richard Gokie Jeward NE</u>	<u>1999</u>	<u>2009</u>	<u>Catherine Gokie Jeward NE</u>	<u>1999</u>	<u>2009</u>
<u>Terry Gokie O'Neill NE</u>	<u>1999</u>	<u>2009</u>	<u>Virginia Gokie O'Neill NE</u>	<u>1999</u>	<u>2009</u>

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of ever and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any part stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand. Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authority agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, member and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses), full names only, no initials.



Angela J. Fuller
9/25/09

Richard Hokie

Signature of Applicant

Catherine Hokie

Signature of Spouse

Terry Gokie

Signature of Applicant

Jan E. Gokie

Signature of Spouse

Jenny Gokie

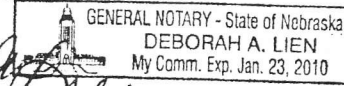
Signature of Applicant

Virginia Gokie

Signature of Spouse

Deborah A. Lien

Signature of Spouse



Signature of Applicant

Signature of Applicant

Signature of Spouse

State of Nebraska

County of Seward

The foregoing instrument was acknowledged before me this Sept 15, 2009 by

Angela J. Fuller

Notary Public signature

County of Lincoln

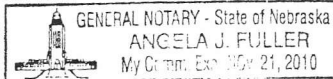
The foregoing instrument was acknowledged before me this Sept 18 09 by

Jerry Gokie

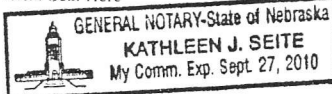
Kathleen Seite

Notary Public signature

Affix Seal Here



Affix Seal Here



APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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NEBRASKA LIQUOR
CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: TERRY GOKIE

Name of Corporation that will hold license as listed on the Articles

Gokie Petroleum Inc

Corporation Address: 3293 A St.

City: Lincoln State: Nebraska Zip Code: 68510

Corporation Phone Number: 402-477-4417 Fax Number: _____

Total Number of Corporation Shares Issued: 300

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Gokie First Name: Terry MI: L

Home Address: 6233 Blackstone Rd City: Lincoln

State: NE Zip Code: 68526 Home Phone Number: 402-327-8537

Terry Gokie

Signature of president

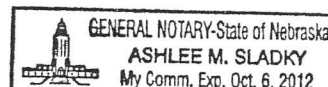
County of Lincoln

The foregoing instrument was acknowledged before me this 22nd day of September by Terrance L. Gokie

Ashlee M. Sladky

Notary Public signature

Affix Seal Here



List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Gokle First Name: Terry MI: L

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares: 125

Spouse Full Name (indicate N/A if single): Jane Gokle

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Gokle First Name: Terry MI: L

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares: 15

Spouse Full Name (indicate N/A if single): Virginia Gokle

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Gokle First Name: Richard MI: D

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares: 75

Spouse Full Name (indicate N/A if single): Catherine Gokle

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Gokle First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: August 1

Ending Date: July 31

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

REVISED 5/2007

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: Gokie Petroleum Inc.

Premise information

Premise License Number: Class B 411669 Applying for Wine + Spirits license Also
(if new application leave blank)

Premise Trade Name/DBA: Fast Mart

Premise Street Address: 3293 A st.

City: Lincoln NE. Zip Code: 68510

Premise Phone Number: 402-477-4417

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

Terry Corbin

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Gorkie First Name: Terrance MI: L

Home Address (include PO Box if applicable): 6233 Blackstone Rd

City: Lincoln State: NE Zip Code: 68504 68507

Home Phone Number: 402-327-8537 Business Phone Number: 402-477-4417

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: O'Neill NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

Spouses Last Name: Gorkie First Name: Janie MI: E

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Nebraska

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE		YEAR FROM TO	CITY & STATE		YEAR FROM TO
Lincoln, Nebraska		1996 2009	Lincoln Nebraska		1997 2009

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1997 2009	Gorkie Petroleum Inc.	Self Terry Gorkie	402-477-4417
1993 1997	Gorkie Oil Co.	Terry Gorkie	402-336-2781

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

RECEIVED

SEP 25 2009

NEBRASKA LIQUOR
SALES COMMISSION

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☒ YES ☐ NO If yes, please explain below or attach a separate page.

Terry Gohie Mip 1989

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☒ YES ☐ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES ☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES ☐ NO

5. Do you have any experience in selling alcohol in the State of Nebraska?
If so list training and/or experience (when and where)

Date:	Where:
Jan 07 - Present	Fast Mart 3293 Ast. Lincoln NE 68510

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

Terry Gokic
Signature of Manager Applicant

Jane E. Gokic
Signature of Spouse

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before
me this 22nd day of September by
Terrance L. Gokic

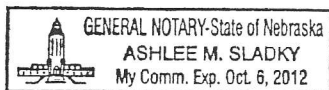
County of Lancaster

The foregoing instrument was acknowledged before
me this 22nd day of September by
Jane E. Gokic

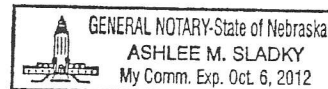
Ashlee M. Sladky
Notary Public signature

Ashlee M. Sladky
Notary Public signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

11/22/2005
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES

SEP 25 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF NEBRASKA—DEPARTMENT OF HEALTH Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH

126-
F-636

69 (

CHILD—NAME			DATE OF BIRTH (MONTH, DAY, YEAR)		BIRTH NUMBER	
1. JANE ELIZABETH FREDERICK			2. 1-25-69		3. 69 (
4. SEX	5. THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY)	6. IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		7. COUNTY OF BIRTH		
8. FEMALE	9. SINGLE			10. KNOX		
11. CITY, TOWN, OR LOCATION OF BIRTH			12. HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)			
13. CREIGHTON 68729			14. LUNDBERG MEMORIAL HOSPITAL			
15. MOTHER—MAIDEN NAME			16. AGE (AT TIME OF THIS BIRTH)		17. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
18. JANE ELIZABETH WELCH			19. 38		20. NEBRASKA	
21. RESIDENCE—STATE	22. COUNTY	23. CITY, TOWN, OR LOCATION		24. STREET AND NUMBER		
25. NEBRASKA	26. KNOX	27. CREIGHTON		28. NO		
29. FATHER—NAME			30. AGE (AT TIME OF THIS BIRTH)		31. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
32. CHARLES KEITH FREDERICK			33. 43		34. NEBRASKA	
35. INFORMANT—NAME OR SIGNATURE					36. RELATION TO CHILD	
37. MRS. CHARLES KEITH FREDERICK					38. MOTHER	
39. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			40. DATE SIGNED (MONTH, DAY, YEAR)		41. ATTENDANT—M.D., D.O., OTHER (SPECIFY)	
42. SIGNATURE			43. 1-25-69		44. M.D.	
45. CERTIFIER—NAME (TYPE OR PRINT)			46. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
47. D. J. NAGENGAST, M.D.			48. BLOOMFIELD, NEBRASKA 68718			
49. REGISTRAR—SIGNATURE					50. DATE RECEIVED BY LOCAL REGISTRAR	
51. <i>[Signature]</i>					52. MONTH DAY YEAR	
					53. Jan 27 1969	

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

11/22/2005
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES

RECEIVED

SEP 25 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF NEBRASKA - DEPARTMENT OF HEALTH Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH

68

CHILD - NAME			DATE OF BIRTH (MONTH, DAY, YEAR)		HOUR
1.	FIRST	MIDDLE	LAST	2a.	2b.
	Terrance	Lee	Gokie		12:04AM
SEX	THIS BIRTH - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY)		IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		COUNTY OF BIRTH
3.	4a. Single		4b.		5a. Holt
CITY, TOWN, OR LOCATION OF BIRTH			HOSPITAL - NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)		
5b.	5c. Yes		5d. St. Anthony's Hospital		
MOTHER - MAIDEN NAME			AGE (AT TIME OF THIS BIRTH)		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)
6a.	FIRST	MIDDLE	LAST	6b. 25	6c. Nebraska
RESIDENCE - STATE			CITY, TOWN, OR LOCATION		STREET AND NUMBER
7a. Nebraska	7b. Holt		7c. O'Neill		7d. 816 E. Douglas
FATHER - NAME			AGE (AT TIME OF THIS BIRTH)		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)
9a.	FIRST	MIDDLE	LAST	9b. 25	9c. Nebraska
INFORMANT - NAME OR SIGNATURE			RELATION TO CHILD		
9d. Mrs. Jerome Gokie			9e. Mother		
1. CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			DATE SIGNED (MONTH, DAY, YEAR)		ATTENDANT - M.D., D.O., OTHER (SPECIFY)
10a. SIGNATURE <i>Robert W. Waters</i>			10b. 12-6-68		10c. M. D.
CERTIFIER - NAME (TYPE OR PRINT)			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
10d. Dr. Robert Waters			10e. O'Neill, Nebraska		
REGISTRAR - SIGNATURE			DATE RECEIVED BY LOCAL REGISTRAR		
11a. <i>Kenneth Waring</i>			11b. MONTH DAY YEAR 12 10 68		

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED

SEP 25 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Virginia Gokie

Signature of spouse asking for waiver
(Spouse of individual listed below)

VIRGINIA GOKIE

Printed name of spouse asking for waiver

State of Nebraska

County of Lincoln

9-18-09

date

The foregoing instrument was acknowledged before me this

by Virginia Gokie

name of person acknowledged

Affix Seal

Notary Public signature

GENERAL NOTARY-State of Nebraska

KATHLEEN J. SEITE

My Comm. Exp. Sept. 27, 2010

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Jerry Gokie

Signature of individual involved with application
(Spouse of individual listed above)

State of Nebr

County of Lincoln

9-18-09

date

The foregoing instrument was acknowledged before me this

by Jerry Gokie

name of person acknowledged

Affix Seal

Notary Public signature

GENERAL NOTARY-State of Nebraska

KATHLEEN J. SEITE

My Comm. Exp. Sept. 27, 2010

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4178
Revised 1/2008

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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Catherine Gokie

Signature of spouse asking for waiver
(Spouse of individual listed below)

Catherine Gokie

Printed name of spouse asking for waiver

State of Nebraska

County of Seward

Sept 15, 2009
date

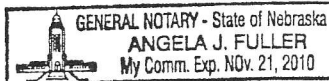
The foregoing instrument was acknowledged before me this

by

name of person acknowledged

Angela J. Fuller
Notary Public signature

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Richard Gokie

Signature of individual involved with application
(Spouse of individual listed above)

Richard Gokie

Printed name of applying individual

State of Nebraska

County of Seward

Sept 15, 2009
date

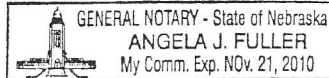
The foregoing instrument was acknowledged before me this

by

name of person acknowledged

Angela J. Fuller
Notary Public signature

Affix Seal



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